STATEMENT OF

FORM 1	ORGANIZA (See instruction			
1. NAME OF	(Check if name	Example: If typying, type	10554M5	Office use only
COMMITTEE (in f	iull) is changed)	over the lines	12FE4M5	
Solvay-Abbott	Employee Political Action Com	mittee 		
			шшш	
ADDRESS (number and s	treet) 100 Abbott Park Rd.			
(Check if address is changed)	D312 AP6D-2			
	Abbott Park			60064 -
		CITY▲	STATE▲	ZIP CODE ▲
COMMITTEE'S E-MAI	L ADDRESS (Please provide only one e-	,		
(Check if address is changed)	outsourcing@aristo	tle.com 		
COMMITTEE'S WEB	PAGE ADDRESS (URL)			
(Check if address is changed)				
2. DATE 0.6	/ D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y			
3. FEC IDENTIFICA	TION NUMBER	C C00381475		
4. IS THIS STATEM	ENT NEW (N) OR	X AMENDED (A)	 1	
I certify that I have examin	ned this Statement and to the best of my kno	owledge and belief it is true, corre	ct and complete	
Type or Print Name of	Treasurer Wayne Brown			
			M M	/ D D / Y Y Y Y
Signature of Treasurer	Electronically Filed by Wayne Br	own	Date 06	23 2010
NOTE: Submission of fal	se, erroneous, or incomplete information ma	y subject the person signing this	·	
Office		For further informat	ion contact:	EEC EODM 1
Use Only		Federal Election Com Toll Free 800-424-95		FEC FORM 1 (Revised 02/2009)